PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number						
	PATENT	APPLIC/ Ff	ATION	N FEE D	ETER	MINAT	ION RECC	ORC	,		09/1	- 41	<del>-</del>	<b>.</b> 1	
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Ļ			(Col	FILED - olumn 1)		(Colu	umn 2)	<del></del>	SMAL		ENTITY	OR		R THAN ENTITY	
LF	FOR	N	NUMBER FILED			NUMBER EXTRA			RATE	Ē	FEE	7	RATE	FEE	
B/	ASIC FEE										<b>\$ 3</b> 55	OR		\$710	
π	OTAL CLAIMS		27	minus :	20= *	7			X\$ 9	)=  -	63.00	OR	X\$18=		
	DEPENDENT C		<u>3</u>		3 = *			] [	X40=			OR	X80=		
M	ULTIPLE DEPEN	NDENT CL	AIM PRE	ESENT				1	+135		<b> </b>	1			
• #	If the difference	e in colum	n 1 is le	ess than zr	ero, en	iter "0" in	column 2	i	+135		<u> </u>	OR OR		<del> </del>	
l						-			10	_ 1		10	OTHER	THAN	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 3)	L _	SMAL	L.F	ENTITY	OR	SMALL		
AMENDMENT A		CLAIM REMAIN AFTEI AMENDM	NING ER		HIC NU PRE\	IGHEST UMBER EVIOUSLY VID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	· 2	24 N	Minus	**	27	c	}	X\$ 9=	-]		OR	X\$18=		
AME	Independent		<u> </u>	Minus	***	3_	-	1	X.40=			OR	X80=		
	FIRST PRESE	MALION	OF MUL	TIPLE DEF	ENDE	NT CLAIM		1	+/35=	_		OR	+270=	<u> </u>	
l								L 4	TOTA	AL			TOTAL ADDIT, FEE	<del> </del>	
		(Column		· <del>_</del>	(Co	lumn 2)	(Column 3)		DUII. r.	æ.	<del></del>	I .	ADUH, FELL	<u> </u>	
AMENDMENT B		CLAIM REMAINI AFTER AMENDM	MS NING R		HIG NU PREV	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	*		Minus	44		=	IT	X\$ 9=	T		OR	X\$18=		
AME	Independent			Minus	***		=	1	XHO=	+		OR	XBQ.	i T	
	FIRST PRESE	NTATION (	OF MULT	.TIPLE DEP	ENDE	IT CLAIM		<b>!</b>  -		╅			-	i Toma	
l								L	+135=		<del></del>	OR	+270=		
i								ΑĽ	TOTA DOIT. FEE			OR A	TOTAL ADDIT. FEE		
—		(Column				umn 2)	(Column 3)	· -							
AMENDMENT C		REMAINII AFTER AMENDME	IING R		NUI PREV	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ğ	Total	•	М	Vinus	**		e .	I	X\$ 9=	T		OR	X\$18=		
AME	Independent			Vinus	***		<b>c</b>	I	X40=	+			X80=		
	FIRST PRESE	NTATION C	OF MULT	TIPLE DEP	ENDEN	IT CLAIM				+		OR		i	
• •	If the entry in colum	mn 1 is less f	than the	entry in colur	-a 2. W	+- ™ in col	·-ma S	<u> </u>	+135=	1		OR	+27:0=	<del></del>	
	a the Tilghest Nun If the Tilghest Nun	mber Previou mber Previou	usly Paid i usly Paid i	l For IN THIS I For IN THIS	S SPACE S SPACE	E is less than Fis less than	n 20, enter "20." n 3. enter "3."		TOTAL DIT. FEE	EL			TOTAL LODIT. FEE		
1	The "Highest Num	ber Previous	ly Paid F	or (Total or	Indepen	dent) is the	highest number	r found	i in the a	ppro	priate box !	in colu	mn 1.		